#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

is form. 	Guide explains how to complete	1 ACCOUNT (Ethics Cor	mmission filers)	
CANDIDATE / OFFICEHOLDER				
CANDIDATE / OFFICEHOLDER	FUCT			
OFFICEHOLDER		<u> </u>	MI	OFFICE USE ONLY
	TITLE Bert			
NAME (.	ДСГО		SUFFIX	Date Received 4
l l	NICKNAME LAST		SUFFIX	3
}	Keller			
			STATE: ZIP CODE	- A RECEIVED PI I
- ANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE	FLAM IE DOOD FI
CANDIDATE / OFFICEHOLDER	800 Bering #700			Date Hand-delivered or Date Postma key
ADDRESS	Houston, TX 77057			Date Hand delivered or Dala Postma ket
Change of Address	Housest,			
Change of Address				
CAMPAIGN	TITLE FIRST			Or I mount
TREASURER	Penny			Receipt #
NAME	LAST		SUFFIX	Dale Processed
	NICKNAME Butler			Dale Imaged
	STREET ADDRESS (NO PO BOX PLEASE); APT /	/ SUITE #:	CITY; STATE;	ZIP CODE
6 CAMPAIGN	STREET ADDRESS (NOT 0 DOM: 0-1			
TREASURER ADDRESS	4605 Post Oak Place	e #/0/		
(Residence or business)	Houston, TX 77027			
TANDAICN	AREA CODE PHONE NUMBER		EXTENSION	
7 CAMPAIGN TREASURER	713- 627-7180		•	
PHONE	( '13)			
		aladian [	Runoff	15th day after campaign treasurer appointment (officeholder only)
8 REPORT TYPE	X January 15 30th day before	ejection [		·
	8th day before e	election	Exceeded \$500 lim	it Final report (Altach C/OH - FR)
	July 15			Day Year
	Month Day Year		Month	/
9 PERIOD COVERED		THROUGH	12 /	31 / 2001
COVENED	10 / 28 / 2001			
	ELECTION DATE ELECT	TION TYPE	<del></del> -	·
10 ELECTION	Month Day Year	. г	Runoff	General Special
	11 / 6 / 2001	Primary	<u></u>	<del>-x</del>
			12 OFFICE SOUGHT	(if known)
11 OFFICE	OFFICE HELD (if any)	Ti~+~	\ <del>-</del>	ouston City Council, Di
	Houston City Council	Disti	Г <u></u> _	
IN DIDECT				it the candidate's prior consent or approval.
13 DIRECT CAMPAIGN	<ul> <li>Direct campaign expenditures are campa Candidates are required to disclose this information</li> </ul>	rmation only if the	ey receive notification of	of the direct campaign experience.
EXPENDITURE	California are reduced			
BY OTHER	Name			
INDIVIDUALS				
	0.00	State; Zip Code	e	
}	Address / PO Box; Apt. / Suite #; City;	Juliu, To Coo.		
1				
additional pages			•	<u> </u>
		O TO PAG	- a	

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			ACCOUNT # (Ethics Commission filers)
COH NAME	Bert Keller		The supporting may
SUPPORTING POLITICAL COMMITTEE(S)	<ul> <li>This listing include have been made witho information only if they</li> </ul>	es political expenditures by political committees to support the candidate / but the candidate's or officeholder's knowledge or consent. Candidates and receive notice of such expenditures.	officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	
ļ	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 NO REPORTABLE	Check bere if	no reportable activity occurred during this reporting period. (Sign affidavit be	low and subjinit pages 1 and 2 only.)
ACTIVITY  18 CONTRIBUTION TOTALS	<u> </u>	_ POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN GES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
TOTALS	2. TOTA	AL POLITICAL CONTRIBUTIONS ER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,150.00
EXPENDITURE TOTALS	3. TOTA	L POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	\$ 757.34
	4. TOT	AL POLITICAL EXPENDITURES	\$ 58,484.34
OUTSTANDING LOAN TOTALS	5. TOT.	AL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T DAY OF THE REPORTING PERIOD	THE \$
19 AFFIDAVIT	BLAM SCARBERT NOTARY PUBLIC State of Tage Comm. Exp. 12/08/2004	is true and correct and includes me under Title 15, Election Code	of perjury, that the accompanying reported to be re
Sworn to and su	20 02	to certify which, witness my hand and seal of office.	, this the Uth da
Cana	M. Schuber	r Ella M. Schuber	Notary Whice

HER ITA	iuide explains how to complete this form.			Total pages this Schedule A1: 5
				ACCOUNT # (Ethics Commission filers)
ER NAME: E			Amount of	In-kind contribution
ate	Full name of contributor	ot state PAC	contribution (\$)	description (if available)
-29-2001	Chip Webster		\$200.00	
<u> </u>	Contributor address; City; State; Zlp Code			
		Ì		
Ţī	Houston, TX 77056		Ontional	
incipal occupa	tion (Optional)	Employer (	Amount of	In-kind contribution
	Full name of contributor	ot state PAC	contribution (\$)	description (if available)
0-29-2001	Chris Demopulos		\$250.00	
}	Contributor address; City; State; Zip Code			
•				
T	Houston, TX 77018		(Ontional)	
rincipal occup	ation (Optional)	Employer	Amount of	In-kind contribution
Date	Full name of contributor	ut of state PAC	contribution (\$)	description (if available)
0-29-2001	Jeff Love		\$100.00	
	Contributor address; City; State; Zip Code			
	Houston, TX 77019	<del></del>	(Outined)	
Principal occuj	pation (Optional)	<del></del>	(Optional)  Amount of	In-kind contribution
Date	Full name of contributor	out of state PAC	contribution (\$)	description (if available)
10-29-2001	Jenard Gross		\$250.00	
	Contributor address; City; State; Zip Code			
	Contribution			
	Houston, TX 77056	<del></del> _	(0. disma))	
Principal occu	upation (Optional)		r (Optional)	in-kind contribution
Date	Full name of contributor	out ot state PAC	Amount of contribution (\$)	description (if available)
10-29-200	1 Dan Flournoy		\$250.00	
	Contributor address; City; State; Zip Code			
	Contributor			
	Houston, TX 77057			
Principal occ	cupation (Optional)		er (Optional)	In-kind contribution
Date	Full name of contributor	out ot state PAC	Amount of contribution (\$)	description (if available)
10-29-200	DAC		\$1,000.00	
	Contributor address; City; State; Zip Code			
	COURIBRIES ACTIONS		1	
	Houston, TX 77056			
	cupation (Optional)	Emplo	yer (Optional)	

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

Instruction G	uide explains how to complete this form.			Total pages this Schedule A1: 5  ACCOUNT # (Ethics Commission filers)
ER NAME: B	ert Keller			Account
ate F	full name of contributor	ot state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
-29-2001 A	A.C. Bering IV		\$150.00	
	Contributor address; City; State; Zip Code  Houston, TX 77057			
		Employer (	Optional)	
incipal occupat	Full name of contributor	t ot state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
	Walter Zivley		\$250.00	
	Contributor address; City; State; Zip Code			
	Houston, TX 77002	,	12 12	
rincipal occupa	ition (Optional)	Employer		In-kind contribution
Date	Full name of contributor	ut ot state PAC	Amount of contribution (\$)	description (if available)
	M. Lundgren		\$50.00	
Ī	Contributor address; City; State; Zip Code			
	Houston, TX 77056			
		Employer	(Optional)	
	Full name of contributor	out at state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
Date 10-29-2001	4 77 -1- DAC		\$500.00	
	Contributor address; City; State; Zip Code Houston, TX 77221			
Deinging occu	pation (Optional)	Employe	r (Optional)	11-Janathutian
	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description (If available)
Date 10-29-2001	Pine Shadows Civic Club		\$100.00	
	Contributor address; City; State; Zip Code			
	Houston, TX 77056		<u></u>	
Principal occi	upation (Optional)		er (Optional)	In-kind contribution
Date	Full name of contributor	out ot state PAC	Amount of contribution (\$)	description (if available)
10-30-200	1 Jeanette Rash		\$250.00	
	Contributor address; City; State; Zip Cod	9		
	Houston, TX 77020	Employ	yer (Optional)	
Principal occ	cupation (Optional)	Linpio	) +- (	

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

Total pages this Schedule A1: 5 The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) FILER NAME: Bert Keller In-kind contribution Amount of contribution (\$) description (if available) Oul of state PAC Full name of contributor Date Fred J. Heyne III \$100.00 10-30-2001 Zip Code City; State; Contributor address; Houston, TX 77027 Employer (Optional) Principal occupation (Optional) In-kind contribution Amount of contribution (\$) description (if available) out of state PAC Full name of contributor Date Scott Pratt \$100.00 10-30-2001 Zip Code City; State; Contributor address; Houston, TX 77056 Employer (Optional) In-kind contribution description (if available) Principal occupation (Optional) Amount of contribution (\$) Out of state PAC Full name of contributor Date Houston Fire Fighters PAC \$3,000.00 10-30-2001 Zip Code City; State; Contributor address; Houston, TX 77009 Employer (Optional) in-kind contribution description (if available) Principal occupation (Optional) Amount of contribution (\$) Out of state PAC Full name of contributor J.R. Holcomb \$500.00 10-31-2001 Zip Code City; State; Contributor address; Houston, TX 77056 Employer (Optional) Principal occupation (Optional) In-kind contribution description (if available) Amount of contribution (\$) out ot state PAC Full name of contributor Date John Wallace \$200.00 10-31-2001 Zip Code City; State; Contributor address; Houston, TX 77002 Employer (Optional) Principal occupation (Optional) In-kind contribution Amount of description (if available) Out at state PAC contribution (\$) Full name of contributor Date Thomas Berry \$100.00 10-31-2001 Zlp Code City; State; Contributor address; Houston, TX 77057 Employer (Optional) Principal occupation (Optional)

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

e Instruction G	auide explains how to complete this form	۱، 			Total pages this Schedule A1: 5  ACCOUNT # (Ethics Commission filers)
ER NAME: E	Bert Keller	out of state P	AC.	Amount of	In-kind contribution description (if available)
Date	Full name of contributor	out of state 17		contribution (\$)	1
1-2-2001 J	ames Jard			\$1,000.00	
<u></u>	Contributor address; City; State; Zip	Code	Ì		
	CONTRIBUTES AND ADDRESS OF THE PARTY OF THE		l l		
× 1	Houston, TX 77024				1
	ation (Optional)	Emp	loyer (Op		In-kind contribution
<del></del>	Full name of contributor	out at state	PAC	Amount of contribution (\$)	description (if available)
Date	Lawrence West			\$250.00	
11-2-2001		ip Code		φ230.00	
	Contributor address: City: State; Zi	ib con			
	- TV 77002		}		
	Houston, TX 77002	Em	ployer (O	ptional)	
Principal occup	oation (Optional)	out ot stat		Amount of contribution (\$)	In-kind contribution description (If available)
Date	Full name of contributor				
11-2-2001	John Perini			\$100.00	
	Contributor address; City; State;	Zip Code	1		
	Contract				
	Houston, TX 77007				
Dri- signl occi	ipation (Optional)	E	mployer (		In-kind contribution
	Full name of contributor	aut at s	late PAC	Amount of contribution (\$)	description (if available)
Date 1 0001	Mark McBride		1	\$100.00	
11-4-2001		Zip Code		φ100.00	
}	Contributor address; City; State;	Zip Gode	Ì		
		•	İ		
	Katy, TX 77450		Employer	(Optional)	
Principal occ	cupation (Optional)		state PAC	T Amount of	in-kind contribution description (if available)
Date	Full name of contributor		3,000	contribution (\$)	
11-4-2003	Lawrence Bruno			\$100.00	
	Contributor address; City; State;	Zip Code			
- [	Commission				
	Houston, TX 77079			<u> </u>	
The standard	ecupation (Optional)		Employe	r (Optional)	In-kind contribution
Principal	Full name of contributor	out	ot state PAC	Amount of contribution (\$)	description (if available
Date	771 1 James			\$100.00	
11-5-200	<del></del>			<b>-</b>	
	Contributor address; City; State;	Zip Code			
				1	l
	Houston, TX 77079			ı	<u> </u>

#### SCHEDULE A1 (FOR FORMS C/OH & SPAC)

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	a it is evaluing how to complete this form.		·	Total pages this Schedule A1: 5
Instruction	Guide explains how to complete this form.			ACCOUNT # (Ethics Commission filers)
ER NAME:	Bert Keller	ol state PAC	Amount of	In-kind contribution description (if available)
ate	Full name of contributor	II State 1710	contribution (\$)	
-5-2001	Wm. Morgan		\$1,000.00	
ţ	Contributor address; City; State; ZIp Code			
1	777 77010	ļ		
	Houston, TX 77019	Employer (C	Optional)	
incipal occup	oation (Optional)	t of state PAC	Amount of contribution (\$)	In-kind contribution description (if available)
Date	Full name of contributor	01,200	COULDING (4)	
1-7-2001	Jim Ward		\$50.00	
	Contributor address; City; State; Zip Code			
•		l		
•	Spring, TX 77383	Employer	(Optional)	
rincipal occu	rincipal occupation (Optional)		Amount of	In-kind contribution description (if available)
Date	Full name of contributor	out of state PAC	contribution (\$)	uoden para (
11-7-2001	PHCG Investments		\$750.00	
	Contributor address; City; State; Zip Code			
,	Gamma			
	Houston, TX 77007	<del></del>	(Outional)	
Principal occ	cupation (Optional)		(Optional)	in-kind contribution
Date	Full name of contributor	Out of state PAC	contribution (\$)	description (if available)
11-26-200	c		\$100.00	
11 20 20	Contributor address; City; State; Zip Code		7	
	Contributor address,			
	Bellaire, TX 77401		<u> </u>	
Principal of	ccupation (Optional)	Employe	er (Optional)  Amount of	In-kind contribution
Date	Full name of contributor	out of state PAC	contribution (\$)	description (if available)
12-1-200	T too TIT		\$250.00	
	Contributor address; City; State; Zip Code			
	Collaboration			
	Houston, TX 77236-6927		(2 (1 - 1))	
	occupation (Optional)	Employ	yer (Optional)	

he Instruction Guide e	explains how to complete this form.		al pages Schedule F: 7  OUNT #: (Ethics Commission filers)
	t Keller		
Date	Payee name Payee address Four Seasons Hotel 98 San Jacinto Austin, TX 78701		Amount (\$) \$1,669.06
Purpose of expendit Campaign travel e	ture (See instructions regarding type of information required.)	** Complete if direct Candidate / Officehold	expenditure to benefit C/OH ** der name Office sought / held
Date 10-30-2001	Payee name Payee address Blossoms Floral Design 6401 Woodway Houston, TX 77057		Amount (\$) \$68.20
Purpose of expend Event expenses	diture (See instructions regarding type of information required.)	** Complete if dire Candidate / Officeho	ect expenditure to benefit C/OH ** nolder name Office sought / hele  Amount (\$)
Date 11-2-2001	Payee name Payee address  Stephen Douglas 5716 Longmont Houston, TX 77056	** Complete if di Candidate / Office	\$64.00
Purpose of expen	nditure (See instructions regarding type of information required.)	Canulumo	Amount (\$)
Date 11-7-2001	Payee name Payee address  Kate Gay 10 Del Mar Kemah, TX 77565	** Complete if	\$2,000.00
Purpose of expe	enditure (See instructions regarding type of information required.) vices	** Complete it Candidate / Offi	IIICHONGO
Date 11-7-2001	Payee name Payee address  Frank Antene 9809 Richmond Houston, TX 77042	** Complete	Amount (\$) \$2,000.00  if direct expenditure to benefit C/OH ** Office sough
Purpose of exp	spenditure (See instructions regarding type of information required.)	Candidate / U	Office sough

he Instruction Guide e	explains how to complete this form.		<u> </u>	pages Schedule F: 7  UNT #: (Ethics Commission filers)
	t Keller			
11-7-2001	Payee name Payee address  Mike Howard 12607 Westleigh Dr. Houston, TX 77077	** Complete	e if direct ex	Amount (\$) \$2,000.00  **xpenditure to benefit C/OH *** or name Office sought / held
Purpose of expendit Campaign service	ture (See instructions regarding type of information required.) es	Candidate /	Officenoice	
Date 11-7-2001	Payee name Payee address  Janet Carr 3936 Riley Houston, TX 77005			Amount (\$) \$2,000.00
Purpose of expend Campaign service	diture (See instructions regarding type of information required.)	** Comple Candidate	te if direct / Officehold	expenditure to benefit C/OH ** der name Office sought / held  Amount (\$)
Date 11-7-2001	Payee name Payee address  Justin Pace 9809 Richmond, B-13 Houston, TX 77042	** Com	plete if directe / Officeho	\$180.00
Purpose of expen	nditure (See instructions regarding type of information required.)	Candidat	e / Officence	
Date 11-7-2001	Payee name Payee address  Stephen Douglas 5716 Longmont Houston, TX 77056	** Co	mplete if dit	Amount (\$) \$80.00  rect expenditure to benefit C/OH ** cholder name Office sought / he
Purpose of expe	enditure (See instructions regarding type of information required.)	Candid	ate / Office	
Date 11-7-2001	Payee name Payee address Blakemore & Associates 3323 Richmond Ave., Ste. C Houston, TX 77098	\	Complete if	Amount (\$) \$5,000.00  direct expenditure to benefit C/OH ** coholder name Office sought /
Purpose of exp	penditure (See instructions regarding type of information required.	Cand	lidate / Office	ceholder name Office sought /

- Instruction Guide	explains how to complete this form.			pages Schedule F: 7
	rt Keller		ACCOU!	JNT #: (Ethics Commission filers)
Date 11-15-2001	Payee name Payee address The Museum of Fine Arts, Houston P.O. Box 6826 Houston, TX 77265	** Complete	if direct exp	Amount (\$) \$4,500.00  Denditure to benefit C/OH ** name Office sought / held
Purpose of expendit  Donation for char	iture (See instructions regarding type of information required.) rity auction	Candidate / Ot	fficeholder u	
Date 11-15-2001	Payee name Payee address Cingular Wireless P.O. Box 660732 Dallas, TX 75266	T : Complet	:4 direct e	Amount (\$) \$205.66
Purpose of expender Phone expenses	diture (See instructions regarding type of information required.)	Candidate / C	Officeholder	xpenditure to benefit C/OH ** r name Office sought / held
Date 11-15-2001	Payee name Payee address  Cingular Wireless P.O. Box 660732 Dallas, TX 75266		<del></del>	Amount (\$) \$81.00
Purpose of expenses	nditure (See instructions regarding type of information required.)	** Complet Candidate /	te if direct e / Officeholds	expenditure to benefit C/OH ** der name Office sought / he
Date 11-15-2001	Payee name Payee address Cingular Wireless P.O. Box 660732 Dallas, TX 75266		· · · · · · · · · · · · · · · · · · ·	Amount (\$) \$61.35
Purpose of experience Phone expense	enditure (See instructions regarding type of information required.)	** Compi Candidate	ete is once.	et expenditure to benefit C/OH ** older name Office sought / l
Date 11-21-2001	Payee name Payee address Stephen Douglas 5716 Longmont Houston, TX 77056	** Cor	mplete if dir	Amount (\$) \$64.00  ect expenditure to benefit C/OH ** bolder name Office sought
Purpose of exp GOTV efforts	penditure (See instructions regarding type of information required.)	Candida	Jate / Officeho	plder name

The Instruction Guide	explains how to complete this form.			es Schedule F: 7
	t Keller		ACCOUN'	T#; (Ethics Commission filers)
Date 11-21-2001	Payee name Payee address Stephen Fox 2345 Bering, #825 Houston, TX 77057		f direct expend	Amount (\$) \$64.00
Purpose of expend	iture (See instructions regarding type of information required.)	Candidate / O	fficeholder nam	liture to benefit C/OH **  Office sought / held
Date 11-21-2001	Payee name Payee address Wesley Richards 2925 Tangley Houston, TX 77005	** Campleto	if direct expe	Amount (\$) \$90.00
Purpose of expend GOTV efforts	diture (See instructions regarding type of information required.)	Candidate / C	Officeholder na	nditure to benefit C/OH **  Office sought / held
Date 11-21-2001	Payee name Payee address Ralph Abendshein 5506 Russell Houston, TX 77056	** Comple	te if direct exp	Amount (\$) \$90.00  renditure to benefit C/OH ** name Office sought / held
Purpose of exper	nditure (See instructions regarding type of information required.)	Candidate /	/ Officeholder	name Office sought? here
Date 11-21-2001	Payee name Payee address Walden & Associates 55 Waugh Drive, Ste. 610 Houston, TX 77007			Amount (\$) \$12,000.00
Purpose of expe	enditure (See instructions regarding type of information required.)	** Compl Candidate	lete if direct en e / Officeholder	
Date 11-21-2001	Payee name Payee address  Justin Pace 9809 Richmond B-13 Houston, TX 77042	34 Ca-	nlate if direct	Amount (\$) \$200.00  expenditure to benefit C/OH ** or name Office sought / he
Purpose of exp	penditure (See instructions regarding type of information required.)	Candida	piete if direct t	er name Office sought / h

the Instruction Guide	explains how to complete this form.		<del></del>	ages Schedule F: 7
	rt Keller		ACCOUN	NT #: (Ethics Commission filets)
Date 11-21-2001	Payee name Payee address  Michael Carpenter 218 Asbury			Amount (\$) \$360.00
Purpose of expend	Houston, TX 77007  Siture (See instructions regarding type of information required.)	** Complete Candidate /	e if direct expe Officeholder n	enditure to benefit C/OH ** name Office sought / held
GOTV efforts				- AN
Date 11-21-2001	Payee name Payee address  Melvin James 6300 Washington Ave., Ste. 143 Houston, TX 77007	_		Amount (\$) \$900.00
Purpose of expen Campaign servi	nditure (See instructions regarding type of information required.)	** Comple Candidate	ne if direct exp / Officeholder	penditure to benefit C/OH ** name Office sought / held
Date 11-28-2001	Payee name Payee address  Starbucks 5801 Kirby Houston, TX 77005			Amount (\$) \$380.00
Purpose of expe	enditure (See instructions regarding type of information required.)	** Comp Candidat	lete if direct en e / Officeholde	expenditure to benefit C/OH ** er name Office sought / he
Date 11-28-2001	Payee name Payee address  Downtown Houston Pachyderm Club P.O. Box 22531 Houston, TX 77227		- : Airari	Amount (\$) \$250.00  t expenditure to benefit C/OH *** Office sought / to
Purpose of exp Event sponsor	penditure (See instructions regarding type of information required.)	** Com Candida	mplete if direct date / Officehold	der name Office sought /
Date 11-28-2001	Payee name Payee address  Lexis Florist 5785 San Felipe Houston, TX 77057	1 ** C	complete if dire	Amount (\$) \$92.02  Set expenditure to benefit C/OH ** odder name Office sought
Purpose of ex Event expens	expenditure (See instructions regarding type of information required.)	Candi	lidate / Officeho	ilder name Office sough

he Instruction Guide	explains how to complete this form.			ges Schedule F: 7
	ert Keller		ACCOUN	
Date 11-28-2001	Payee name Payee address  Trulucks 5919 Westheimer Houston, TX 77057	** Complete	of Airect expe	Amount (\$) \$55.00  Inditure to benefit C/OH **  Office sought / held
Purpose of expending	diture (See instructions regarding type of information required.)	Candidate / Of	ficeholder na	
Date 11-28-2001	Payee name Payee address  Los Tios 9527 Westheimer Houston, TX 77063	** Complete	e if direct exp	Amount (\$) \$2,688.91  Denditure to benefit C/OH ** Denditure to benefit C/OH **
Purpose of expen	nditure (See instructions regarding type of information required.)	Candidate / C	Officeholder of	
Date 11-28-2001	Payee name Payee address  Crime Stoppers P.O. Box 541654 Houston, TX 77254-1654			Amount (\$) \$680.00
Purpose of expe Event sponsor	enditure (See instructions regarding type of information required.)	** Complet Candidate	te if direct ex / Officeholder	xpenditure to benefit C/OH ** or name Office sought / hel
Date 12-3-2001	Payee name Payee address Blakemore & Associates 3323 Richmond Ave., Ste. C Houston, TX 77098	** Comi	-late if direct	Amount (\$) \$15,781.26  expenditure to benefit C/OH ** der name Office sought / h
Purpose of exp	penditure (See instructions regarding type of information required.) ee and reimbursement for campaign expenses	Candidate	e / Officehold	
Date 12-7-2001	Payee name Payee address  Cooler Image 6312-A Pickens Houston, TX 77007	** Cor	nplete if direc	Amount (\$) \$2,177.99  ct expenditure to benefit C/OH **
Purpose of ex Campaign m	xpenditure (See instructions regarding type of information required.) naterials	Candida	late / Officehol	ider name

The Instruction Guide explains how to complete this form.			Total pages Schedule F: 7  ACCOUNT #: (Ethics Commission filers)	
FILER NAME: Be			ACCO	
Date 12-7-2001	Payee name Payee address The Council on Alcohol & Drugs 303 Jackson Hill Houston, TX 77007	** Complete	if direct ex	Amount (\$) \$1,500.00  Amount (\$)  Spenditure to benefit C/OH ** Thame Office sought / held
Purpose of expen Event sponsor	diture (See instructions regarding type of information required.)	Candidate / C	)fficeholde	r name
Date 12-7-2001	Payee name Payee address  Cingular Wireless P.O. Box 660732 Dallas, TX 75266			Amount (\$) \$194.55
Purpose of expe	nditure (See instructions regarding type of information required.)	** Complet Candidate /	e if direct Officehold	expenditure to benefit C/OH ** ler name Office sought / held
Date 12-7-2001	Payee name Payee address Culberson for Congress 10000 Memorial Drive, Ste. 620 Houston, TX 77024			Amount (\$) \$250.00
Purpose of expenditure (See instructions regarding type of information required.)  Campaign contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / he		